

**COURT OF COMMON PLEAS
JUVENILE DIVISION
LAKE COUNTY, OHIO**

APPLICATION TO SEAL RECORD

Name:		Address:	
City,State,Zip:		Phone:	
SSN:		D.O.B:	
Case No.		Offense:	

I, _____ do hereby certify that it has been six months or more since I was under the jurisdiction of the Juvenile Court.
Therefore, I request my juvenile record to be sealed pursuant to Ohio Revised Code Section 2151.356.

Applicant

Date

Prosecutor's Review

- ☐ Approve
☐ Object

Prosecutor

Date

Victim Contact Statement

- ☐ The victim(s) has/have been contacted and do not object.
☐ The victim(s) has/have been contacted and object.
☐ Attempts to contact the victim(s) has/have been unsuccessful.
☐ The victim(s) has/have not responded.
☐ Other: _____

Prosecutor / Victim Advocate

Date

Probation Officer's Review

- ☐ Not Applicable
☐ Approve
☐ Object

Probation Officer

Date